

No. 01-14

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of  
Decedent Paul C Badavas

Sex M Date of Death March 16, 2014

Place of  
Death Southboro - 19 Rockpoint RdDate of  
Birth September 25, 1937Immediate  
Cause Myelodysplastic Syndrome

Certifier Matthew Bean M.D./DO

Permit  
Issued To Nancy Morris

Disposition At Rural Cemetery 40 Main St

Name of Facility Morris Fun Home Southborough

Date Permit  
Issued March 19, 2014

No. 01-14

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***This section to be returned immediately to the issuing City/Town, properly endorsed*to Town Clerk  
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Paul C Badavas

If a U.S. War Veteran, specify what war, organization, etc.

=====

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City/Town)

on March 21, 2014

Final Disposition Sec. K, Grv#42

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joseph DeNapoli

Sex M Date of Death April 21, 2014

Place of Death 19 Blackthorn Dr  
Southborough, MA

Date of Birth March 19, 1924

Immediate Cause CHF

Certifier Justin Dorfman M.D./DO

Nancy G. Morris  
Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued April 24, 2014

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Joseph A. DeNapoli

If a U.S. War Veteran, specify what war, organization, etc.

WW II

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA  
(Name of cemetery or crematory) (City/Town)

on April 25, 2014

Final Disposition Section M, Grv#7

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*Stub to be retained by officer issuing permit*

Name of  
Decedent John F. Pfirman

Sex M Date of Death April 26, 2014

Place of  
Death 11 Whistler Ln, Southboro

Date of  
Birth October 29, 1927

Immediate  
Cause Metastatic Prostate Cancer

Certifier Bharagavi Ugalmarti M.D./DO

Permit  
Issued To Phillip R. Short

Disposition  
At All Saints Cem. No Haven CT

Name of  
Facility Short & Son F.H. Marlborough

Date Permit  
Issued April 29, 2014

# The Commonwealth of Massachusetts

No. 03-14

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER THE FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date April 29, 2014

A satisfactory death certificate having been filed for  
John F. Pfirman  
Full name of decedent

who died on April 29, 2014 US War Veteran --

born on October 29, 1927, who resided at  
date of birth

11 Whistler Ln, who resided at  
date of birth

Southborough Ma 01772, who resided at  
date of birth

and who died of Metastatic Prostate Cancer  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: \_\_\_\_\_

Disposition at: All Saints Cem. No. Haven CT  
name and address of original disposition  
name and address of cemetery or crematory

Transportation to: \_\_\_\_\_

name and address of immediate destination of remains

Permission is hereby given to:

Phillip R. Short, Short & Son F.H.

name of facility

95 West Main St Marlborough MA

address of facility

No. 03-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southborough, Mass.

Name of Decedent John F. Pfirman

If a U.S. War Veteran, specify what war, organization, etc.

=====

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Saints Cemetery, North Haven, CT  
(Name of cemetery or crematory) (City/Town)

on April 30, 2014

Final Disposition Sect. 7, Lot Z-69, Grave #6

Certified by S  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

No. 04-14

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent *Anna Agatha Drake*Sex  Date of Death *April 29, 2014*Place of  
Death *55 Southville Rd*Date of  
Birth *May 14, 1924*Immediate  
Cause *Metastatic Colon Cancer*Certifier *Kenneth Berkeley Buckman* M.D./DOPermit  
Issued To *David Bickelray*Disposition  
At *Burial Creek, Worcester MA*Name of  
Facility *Read Chapel Peckersway*Date Permit  
Issued *May 1, 2014*

No. 04-14

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to *Town Clerk*  
(Office issuing permit)City/Town of *Southborough* Mass.Name of Decedent *Anna Agatha Drake*

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsat *Rural Crematory*  
(Name of cemetery or crematory)on *MAY 01 2014*  
180 Grove Street....  
Worcester, MA 01605Final Disposition *John H. Cobell*Certified by *John H. Cobell*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Thomas C. De Wolfe

Sex M Date of Death May 14, 2014

Place of Death Southboro Turnpike / Cordaville

Date of Birth October 31, 1987

Immediate Cause Blunt Force Injuries  
Ag. Neck, torso, Extrem.

Certifier Renee Robinson M.D./DO

Permit Issued To Matthew J. Mulhane

Disposition At W. Millbury Cem.

Name of Facility Mulhane Home for Funerals

Date Permit Issued May 19, 2014

No. 05-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southborough Mass

Name of Decedent Thomas C. De Wolfe

If a U.S. War Veteran, specify what war, organization, etc.

- - -  
=====

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at W. Millbury Cemetery, Millbury, Ma  
(Name of cemetery or crematory) (City/Town)

on 5-19-14

Final Disposition Burial

Certified by Mark W. Hanna  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*

to Funeral Clerk  
(Office issuing permit)

City/Town of SOUTH BOROUGH Mass.

Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

No

### ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) Rural Crematory (City/Town)

on JUN 26 2014 ..... 180 Grove Street .....  
Final Disposition Worcester, MA 01605 .....

Certified by John H. Cobell .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 06-14**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

Stub to be retained by officer issuing permit

Name of Decedent Jordan R. GoguenSex M Date of Death June 16, 2014Place of Death Southborough - 20 Larchmere RdDate of Birth Oct 14, 1986Immediate Cause PendingCertifier Bethard Evans M.D./DOPermit Issued To Peter StefaaDisposition At General CrematoryName of Facility Sakam Picturesque & MohaneeDate Permit Issued June 24, 2014No. 06-14**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**This section to be returned immediately to the issuing City/Town, properly endorsed  
to Tower Clerk  
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

No**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at EVERGREEN Leominster  
(Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by Daniel W. Mar  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 07-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent John Philip Philbin

Sex M Date of Death June 21, 2014

Place of Death Southboro - 33 Flagg Rd

Date of Birth August 1, 1931

Immediate Cause Metastatic Colon Cancer

Certifier M.D./DO

Permit Issued To Thomas R. Comer

Disposition At St. John's Cemetery  
Lancaster, MA

Name of Facility Philbin-Comer-Fl Clinton, MA

Date Permit Issued June 25, 2014

No. 07-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent John Philip Philbin

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery Lancaster MA  
(Name of cemetery or crematory) (City/Town)

on Friday, June 27, 2014

Final Disposition St. John's Cemetery

Certified by MICHAEL SANDERS 6/27/14  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 08-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent James D. Lewis

Sex M Date of Death July 2, 2014

Place of Death 50 Turnpike Rd

Date of Birth March 20, 1928

Immediate Cause Cardiac Arrest

Certifier Polina Tsvirin M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Crematory  
Worcester Ma

Name of Facility Morris Funeral Home

Date Permit Issued July 8, 2014

No. 08-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent James D. Lewis

If a U.S. War Veteran, specify what war, organization, etc.

WW II

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory) (City/Town)

on July 9, 2014

Final Disposition

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Michael S. AndersonSex M Date of Death July 13, 2014Place of Death 9 Mitchell StDate of Birth Feb 22, 1980Immediate Cause PendingCertifier Kimberley Sprague M.D./DOPermit Issued To Kenneth AndersonDisposition At Lakeview CemName of Facility Williams PedeserDate Permit Issued July 18, 2014

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of  
Decedent Marj BabcockSex M Date of Death Aug 11, 2014Place of  
Death Southborough MADate of  
Birth June 21, 1959Immediate  
Cause Alonee EthanolismCertifier Bethard Evans M.D./DOPermit  
Issued To Jerome JozahDisposition  
At Concord CrematoriumName of  
Facility Bley Mem - Barr McAleffeDate Permit  
Issued Aug 2, 2014

No. 14-11**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

Stub to be retained by officer issuing permit

Name of Decedent Jezuelen LeedsSex  Date of Death Aug 28, 2014Place of Death 118 Middle RdDate of Birth Oct 16, 1955Immediate Cause Cardiovascular DiseaseCertifier Patricia Kossen M.D./DOPermit Issued To Shane Erickson PotterDisposition At Riverside CemeteryName of Facility Potter Funeral HomeDate Permit Issued Aug 28, 2014No. 14-11**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

This section to be returned immediately to the issuing City/Town, properly endorsed

to Lydia Clark  
(Office issuing permit)City/Town of Somerville Mass.Name of Decedent Jezuelen Leeds

If a U.S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at River-Side Crematory Fairhaven  
(Name of cemetery or crematory) (City/Town)on SEPTEMBER 2, 2014  
CremationFinal Disposition IntermentCertified by Harry E. Henry  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 070014

0000000136

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<i>Decedent Name</i> BRANCHAUD , JEANNINE M		
	<i>Place of Death</i> 205 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	<i>Date of Death</i> SEPTEMBER 02, 2014	<i>Date of Birth</i> NOVEMBER 11, 1924	<i>Sex</i> FEMALE
	<i>Residence</i> 205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Rank/organization/outfit (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> ---		
<b>CERTIFIER</b>	<i>Certifier</i> ROSEMARY RYAN, MD		<i>Lic #</i> 43613
	<i>Addr.</i> 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801		
<i>Immediate Cause of Death</i> MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED			

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> JOHN A. MATARESE, JR			<i>Lic #</i> 6664
	<i>Facility</i> MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS			
	<i>Disposition Type</i> CREMATION		<i>Date of Disposition</i> SEPTEMBER 05, 2014	
	<i>Place/Address</i> RURAL CREMATORIAL, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

**Endorsements**

<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i>			<i>Board of Health/Agent for:</i> SOUTHBOROUGH
	<i>State Tracking #</i>	070014	<i>Local Permit #</i>	14-12
	<i>Date</i>	SEPTEMBER 03, 2014	<i>Date</i>	SEPTEMBER 04, 2014
<i>Name of Agent</i> PAUL J. BERRY				
<b>CONFIRMATION</b>	<b>I</b> hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>	
			X	
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>		

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 070014

0000000136

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BRANCHAUD, JEANNINE M		
	Place of Death	205 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 02, 2014	Date of Birth	NOVEMBER 11, 1924
	Residence	205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent)		Rank/organization/outfit (most recent)		
Date entered (most recent)		Date Discharged (most recent)	Service Number (most recent)	
CERTIFIER	Certifier ROSEMARY RYAN, MD			Lic # 43613
	Addr. 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801			
	Immediate Cause of Death MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee JOHN A. MATARESE, JR			Lic # 6664
	Facility: MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition SEPTEMBER 05, 2014
	Place/Address RURAL CREMATORIAL, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

Endorsements						
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking #	070014			Local Permit #	14-12
	Date	SEPTEMBER 03, 2014			Date	SEPTEMBER 04, 2014
					Name of Agent	PAUL J. BERRY

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address) Rural Cemetery, Southborough, MA Sec. H, Grv#133A		Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee: B.A. Gilleney-DeCenzo	
	Earth burial	Sept. 12, 2014		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 070014

0000000136

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BRANCHAUD, JEANNINE M		
	Place of Death	205 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	SEPTEMBER 02, 2014	Date of Birth	NOVEMBER 11, 1924
	Residence	205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
Branch of military (most recent) —		Rank/organization/outfit (most recent) —		
Date entered (most recent) —		Date Discharged (most recent) —	Service Number (most recent) —	
CERTIFIER	Certifier <b>ROSEMARY RYAN, MD</b>			Lic # 43613
	Addr. 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801			
	Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED</b>			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee <b>JOHN A. MATARESE, JR</b>			Lic # 6664
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS</b>			
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEPTEMBER 05, 2014</b>	
	Place/Address <b>RURAL CREMATORIUM, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			

## Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>070014</b>		Local Permit # <b>14-12</b>
	Date <b>SEPTEMBER 03, 2014</b>		Date <b>SEPTEMBER 04, 2014</b>
	Name of Agent <b>PAUL J. BERRY</b>		

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>		Signature <i>X John H. Cobbill</i>
Disposition Type <b>cremation</b>	Date of Disposition <b>SEP 05 2014</b>	Name of Superintendent or Authorized Designee: <b>John H. Cobbill</b>

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

*John H. Cobbill*  
SOUTHBOROUGH

2014 SEP 30 P 6:53

RECEIVED  
TOWN OF SOUTHBOROUGH OFFICE

No. 15-13**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Henry A. PetithorySex M Date of Death Oct 1, 2014Place of Death 18 Pinconin Ln, Southboro MADate of Birth September 26, 1949Immediate Cause Cardiovascular pathologyCertifier Theo S. Moxley M.D./DOPermit Issued To Morris, NancyDisposition At Rural Crematory, Worcester, MAName of Facility Morris Funeral HomeDate Permit Issued October 6, 2014No. 15-13**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***This section to be returned immediately to the issuing City/Town, properly endorsed*to Town Clerk  
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Henry A. Petithory

If a U.S. War Veteran, specify what war, organization, etc.

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=====**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory (Name of cemetery or crematory) (City/Town)  
on 10/7/2014 180 Grove StreetFinal Disposition Morris, MA 01605Certified by J. H. Cobell  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent

Sex M

Place of  
DeathDate of  
BirthImmediate  
Cause

Certifier

Permit  
Issued ToDisposition  
AtName of  
FacilityDate Permit  
Issued

Richard V. Aghababian

October 1, 2014

5 Hidden Meadow Ln

July 7, 1948

Metastatic Gastric Cancer

Verna Bothin, M.D./DO

James Heald

Rural Cem. Southboro

Heald &amp; Chiappa Fun.

Shrewsbury MA

October 1, 2014

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Board of Health - Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Richard V. Aghababian

If a U.S. War Veteran, specify what war, organization, etc.

None

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsat Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City/Town)

on October 7, 2014

Final Disposition Sec. K, Gry #38

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 15-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joan A. Barry

Sex F Date of Death Oct. 11, 2014

Place of Death 19 Gen Henry Rd

Date of Birth Sept 25, 1931

Immediate Cause Aspiration Pneumonia

Certifier Christian Correia M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued October 14, 2014

No. 15-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southboro Mass.

Name of Decedent Joan A. Barry

If a U.S. War Veteran, specify what war, organization, etc.

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### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

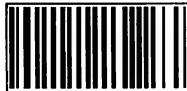
at Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City/Town)

on October 15, 2014

Final Disposition Sec. F, Gry#3

Certified by John Morris  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2014 071724

0000003230

Form R-309 07012014

RECEIVED  
TOWN CLERK'S OFFICE

2014 OCT 21 A 11:37

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SPINOZA, JANE MARIE				
	Place of Death	116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA			SOUTHBOROUGH, MA	
	Date of Death	OCTOBER 14, 2014	Date of Birth	APRIL 18, 1943	Sex	FEMALE
	Residence	116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit (most recent)				
	---	---				
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)			
---	---	---				
Certifier ALAN GLASER, MD Addr. 65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481						
Immediate Cause of Death ALZHEIMERS DEMENTIA						

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	H. TRACY MITCHELL	Lic #	5416
	Facility	ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS		
	Disposition Type	BURIAL		
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements				
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	071724	Local Permit #	14-16
	Date	OCTOBER 16, 2014	Date	OCTOBER 16, 2014
			Name of Agent	PAUL J. BERRY

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Section M, Grv#368			Signature 	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo		
Full Earth Burial	October 18, 2014			

## Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000003230 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		
		State File #	2014 071724	
<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	Decedent Name	SPINOZA, JANE MARIE		
	Place of Death	116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 14, 2014	Date of Birth	APRIL 18, 1943
	Residence	116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>			
<b>CERTIFIER</b>	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	---	---		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	---	---	---	
	Certifier ALAN GLASER, MD Addr. 65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481		Lic # 151413	
<i>Immediate Cause of Death</i> <b>ALZHEIMERS DEMENTIA</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	Funeral Licensee/Designee H. TRACY MITCHELL		Lic # 5416	
	Facility. ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS			
	Disposition Type	BURIAL		
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<i>Date of Disposition</i> OCTOBER 18, 2014			
<b>Endorsements</b>				
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 071724		Local Permit # 14-16	
	Date OCTOBER 16, 2014		Date OCTOBER 16, 2014	
			Name of Agent PAUL J. BERRY	
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>			
<b>CONFIRMATION</b>	Place of Disposition (Facility Name and Address)		Signature  X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 074136

0000006862

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<i>Decedent Name</i> SCOTT, STEPHEN GORHAM	<i>Place of Death</i> 19 OAK HILL ROAD, SOUTHBOROUGH, MA	<i>Date of Death</i> NOVEMBER 10, 2014	<i>Date of Birth</i> APRIL 29, 1941	<i>Sex</i> MALE
	<i>Residence</i> 19 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> ---			
<b>CERTIFIER</b>	<i>Branch of military (most recent)</i> ---	<i>Rank/organization/outfit (most recent)</i> ---			
	<i>Date entered (most recent)</i> ---	<i>Date Discharged (most recent)</i> ---	<i>Service Number (most recent)</i> ---		
	<i>Certifier</i> WILLIAM WALSH, MD		<i>Addr.</i> 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01604		
<i>Immediate Cause of Death</i> LUNG CANCER					

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> NANCY G MORRIS			<i>Lic #</i> 50277
	<i>Facility</i> MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	<i>Disposition Type</i> CREMATION		<i>Date of Disposition</i> NOVEMBER 12, 2014	
	<i>Place/Address</i> RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

**Endorsements**

<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i>		<i>Board of Health/Agent for: SOUTHBOROUGH</i>	
	<i>State Tracking #</i>	074136	<i>Local Permit #</i>	14-17
	<i>Date</i>	NOVEMBER 11, 2014	<i>Date</i>	NOVEMBER 12, 2014
			<i>Name of Agent</i>	PAUL J. BERRY
<i>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</i>				
<i>Place of Disposition (Facility Name and Address)</i>			<i>Signature</i>	
			X	
<i>Disposition Type</i>		<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2014 076068

RECEIVED  
TOWN OF SOUTHBOROUGH OFFICE

0000008913

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

2014 DEC -3 P 2:42

DECEDENT	Decedent Name	BOWKER , CALVIN HENRY		SOUTHBOROUGH, MA
	Place of Death	11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 18, 2014	Date of Birth	SEPTEMBER 18, 1962
	Residence	11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) —		Rank/organization/outfit(most recent) —		
Date entered(most recent) —		Date Discharged (most recent) —	Service Number(most recent) —	
CERTIFIER	Certifier JILL ALLEN, MD			Lic # 226499
	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114			
Immediate Cause of Death RESPIRATORY FAILURE				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee RALPH A BARILE, JR			Lic # 50090
	Facility. BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS			
	Disposition Type CREMATION		Date of Disposition NOVEMBER 24, 2014	
	Place/Address LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830			

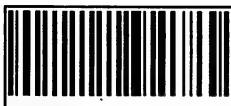
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 076068		Local Permit # 14-18	
	Date NOVEMBER 23, 2014		Date NOVEMBER 24, 2014	
	Name of Agent PAUL J. BERRY			
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature	
	Linwood Cemetery Crematory, Haverhill MA		X <i>Michael Kenney</i>	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
CREMATION	NOV 24 2014	Michael Kenney		

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 076068

0000008913

Form R-309 07012014

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	<i>Decedent Name</i>	<b>BOWKER , CALVIN HENRY</b>				
	<i>Place of Death</i>	<b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA</b>				
	<i>Date of Death</i>	<b>NOVEMBER 18, 2014</b>	<i>Date of Birth</i>	<b>SEPTEMBER 18, 1962</b>	<i>Sex</i>	<b>MALE</b>
	<i>Residence</i>	<b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b>					
<i>Branch of military (most recent)</i> <b>---</b>						
<i>Rank/organization/outfit (most recent)</i> <b>---</b>						
<i>Date entered (most recent)</i> <b>---</b>						
<i>Date Discharged (most recent)</i> <b>---</b>						
<i>Service Number (most recent)</i> <b>---</b>						
<b>CERTIFIER</b>	<b>Certifier JILL ALLEN, MD</b>			<b>Lic # 226499</b>		
	<i>Addr.</i> <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>					
	<i>Immediate Cause of Death</i> <b>RESPIRATORY FAILURE</b>					

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> <b>RALPH A BARILE, JR</b>			<i>Lic #</i> <b>50090</b>
	<i>Facility</i> <b>BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS</b>			
	<i>Disposition Type</i> <b>CREMATION</b>			<i>Date of Disposition</i> <b>NOVEMBER 24, 2014</b>
	<i>Place/Address</i> <b>LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830</b>			

**Endorsements**

<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i>		<i>Board of Health/Agent for: SOUTHBOROUGH</i>	
	<i>State Tracking #</i> <b>076068</b>		<i>Local Permit #</i> <b>14-18</b>	
	<i>Date</i>	<b>NOVEMBER 23, 2014</b>	<i>Date</i>	<b>NOVEMBER 24, 2014</b>
	<i>Name of Agent</i>		<b>PAUL J. BERRY</b>	

**I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:**

<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>
		<i>X</i>
<i>Disposition Type</i>	<i>Date of Disposition</i>	<i>Name of Superintendent or Authorized Designee:</i>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

0000009167

Form R-309 07012014

State File # 2014 076264  
OCME CASE # 2014-14901

**Information necessary for the Certificate of Death has been completed for:**

<b>DECEDENT</b>	Decedent Name <b>HORNE, ROBERT G</b>	Place of Death <b>85 MAIN STREET, SOUTHBOROUGH, MA</b>	Date of Death <b>NOVEMBER 19, 2014</b>	Date of Birth <b>FEBRUARY 21, 1956</b>	Sex <b>MALE</b>	
	Residence <b>85 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>					
	Branch of military (most recent) ---					
<b>CERTIFIER</b>	Rank/organization/outfit (most recent) ---		Date Discharged (most recent) ---			
	Service Number (most recent) ---					
<b>CERTIFIER</b>	<b>Certifier RICHARD EVANS, MD</b>			Lic # <b>58622</b>		
	<b>Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>					
	<b>Immediate Cause of Death PENDING</b>					

**This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:**

<b>DISPOSITION</b>	Funeral Licensee/Designee <b>RICHARD D. COLLINS</b>		Lic # <b>6312</b>
	Facility. <b>FITZGERALD &amp; COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>NOVEMBER 25, 2014</b>
	Place/Address <b>PEOPLE'S CEMETERY, CROWELL STREET, CHATHAM, MASSACHUSETTS 02633</b>		

<b>Endorsements</b>						
<b>PERMIT</b>	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>				
	State Tracking #	<b>076264</b>	Local Permit #	<b>14-19</b>		
	Date	<b>NOVEMBER 24, 2014</b>	Date	<b>NOVEMBER 24, 2014</b>		
			Name of Agent	<b>PAUL J. BERRY</b>		
<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>						
Place of Disposition (Facility Name and Address)			Signature			
			X			
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:				

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*

to 7ewR Clerk.....

(Office issuing permit)

City/Town of Chatham Southborough Mass.

Name of Decedent Anna Matioli

If a U.S. War Veteran, specify what war, organization, etc.

.....

=====

### ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the ~~body~~ cremated remains accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery.....Southborough, MA.....  
(Name of cemetery or crematory) (City/Town)

on December 8, 2014.....

Final Disposition Sec. A, Lot 19e, Grv#1B.....

Certified by Philip J. Hillier Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT

State File #

2014 076583

0000009604

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MATTIOLI, ANNA --		
	Place of Death	LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA		
	Date of Death	NOVEMBER 20, 2014	Date of Birth	OCTOBER 06, 1923
	Residence	66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) --		Rank/organization/outfit (most recent) --		
Date entered (most recent) --		Date Discharged (most recent) --	Service Number (most recent) --	
CERTIFIER	Certifier THOMAS ROTH, MD		Lic # 218838	
Addr. 212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650				
Immediate Cause of Death INTRACRANIAL HEMORRHAGE				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee JOHN T BLUTE			Lic # 50475
	Facility. MORRIS, O'CONNOR & BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition NOVEMBER 25, 2014
	Place/Address VINE HILLS CREMATORY, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: CHATHAM	
	State Tracking # 076583		Local Permit # E-PERMIT	
	Date NOVEMBER 26, 2014		Date	--
			Name of Agent	--
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) Vine Hills Cemetery & Crematory Plymouth, MA Cremation		Signature X Diane M. Maguire	
	Disposition Type	Date of Disposition 11/29/2014	Name of Superintendent or Authorized Designee: DIANE M. MAGUIRE	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a dis  
This designation indicates that the death certificate has been electronically c  
designated agents will later assign a permit number upon subsequent verific  
by the city or town clerk or registrar. Permits without the "E-PERMIT" des  
acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is sti  
certificates, the cremation clearance may have already been issued. Clearanc  
of this form.

After confirmation of disposition, the disposition facility shall return the cor  
retain a copy for their records.

12/12/14  
Crematory signed  
where Cemetery  
Superintendent should be  
signed. So State said  
to complete paper  
permit to track where  
remains have been  
buried.

# TOWN OF SOUTHBOROUGH



RECEIVED  
TOWN CLERK'S OFFICE  
2014 DEC 17 A 9:27  
SOUTHBOROUGH, MA

## DEPARTMENT OF PUBLIC WORKS

147 CORDAVILLE ROAD • SOUTHBOROUGH, MASSACHUSETTS 01772-1802 • (508) 485-1210 • FAX (508) 229-4444

Julie Smith, Town Clerk  
Town of Chatham  
549 Main St.  
Chatham, MA 02633

December 17, 2014

Dear Ms. Smith,

I'm sending you some copies of documents regarding the final disposition of Anna Mattioli who died in Chatham on 11/20/2014, was cremated in Plymouth on 11/29/2014 and buried in the family lot here at Rural Cemetery in Southborough Massachusetts on 12/8/2014. Massachusetts Vital Records suggest that we send you a copy of the final disposition for your records in Chatham.

Please find the following photocopies Attached:

1. A photocopy of the original *DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT* that I received from Funeral Director John T. Blute, of the Morris O'Connor & Blute Funeral Home in Harwich Massachusetts, for the burial of Anna Mattioli.
2. A photocopy of the *Disposition, Removal and Transportation Permit* filed with the Town Clerks Office in Southborough Massachusetts for Anna Mattioli's Burial here at Rural Cemetery.

If there are any questions please let me know, I'm always here to help.

Sincerely yours,

Bridget A. Gillehey-DeCenzo, Cemetery Supervisor  
Town of Southborough DPW  
147 Cordaville Rd.  
Southborough, MA 01772-1802  
Phone: 508-485-1618 Fax: 508-485-8052

COPY

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

This section to be returned immediately to the issuing City/Town, properly endorsed

to ..... *Lewk Clerk* .....  
(Office issuing permit)

City/Town of *Chelmsford* Mass.

Name of Decedent *Cesia Mattioli* .....

If a U.S. War Veteran, specify what war, organization, etc.

.....

**ENDORSEMENT**

*(To be filled in by cemetery or crematory official)*

I hereby certify that the ~~body~~ *cremated remains* accompanying this permit was disposed of in accordance with its terms

at ..Rural Cemetery..... *Southborough, MA*.....  
(Name of cemetery or crematory) (City/Town)

on .. *December 8, 2014* .....

Final Disposition *Sec. A, Lot 19a, Grv#1B* .....

Certified by *[Signature]*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**COPY**



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 076583

0000009604

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MATTIOLI, ANNA —		
	Place of Death	LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA		
	Date of Death	NOVEMBER 20, 2014	Date of Birth	OCTOBER 06, 1923
	Residence	66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639		
If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier: THOMAS ROTH, MD			
	Addr: 212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650			
	Immediate Cause of Death <b>INTRACRANIAL HEMORRHAGE</b>			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee JOHN T BLUTE			Lic # 50475
	Facility: MORRIS, O'CONNOR & BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition NOVEMBER 25, 2014
	Place/Address VINE HILLS CREMATORIAL, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360			
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: CHATHAM	
	State Tracking # 076583		Local Permit # E-PERMIT	
	Date NOVEMBER 26, 2014		Date —	
	Name of Agent —			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address) <b>Vine Hills Cemetery &amp; Crematory Plymouth, MA Cremation</b>		Signature <i>x Diane M. Maguire</i>	
	Disposition Type	Date of Disposition <b>11/29/2014</b>	Name of Superintendent or Authorized Designee: <b>DIANE M. MAGUIRE</b>	

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

**COPY**

 0000014476		 <i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 079679</b>		
Form R-309 07012014						
<b>Information necessary for the Certificate of Death has been completed for:</b>						
<b>DECEDENT</b>	<i>Decedent Name</i> <b>HART , MURIEL BULLARD</b> <i>Place of Death</i> <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b> <i>Date of Death</i> <b>DECEMBER 13, 2014</b> <i>Date of Birth</i> <b>JANUARY 01, 1923</b> <i>Sex</i> <b>FEMALE</b> <i>Residence</i> <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>---</b>				<i>Rank/organization/outfit (most recent)</i> <b>---</b>	
	<i>Date entered (most recent)</i> <b>---</b>				<i>Date Discharged (most recent)</i> <b>---</b>	
					<i>Service Number (most recent)</i> <b>---</b>	
	<i>Certifier</i> <b>JOHN G KRIKORIAN, MD</b> <i>Addr.</i> <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>				<i>Lic #</i> <b>36428</b>	
<b>CERTIFIER</b>	<i>Immediate Cause of Death</i> <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>					
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
	<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> <b>NANCY G MORRIS</b> <i>Facility</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				<i>Lic #</i> <b>50277</b>
		<i>Disposition Type</i> <b>CREMATION</b>				<i>Date of Disposition</i> <b>DECEMBER 16, 2014</b>
		<i>Place/Address</i> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>						
<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i>		<i>Board of Health/Agent for: SOUTHBOROUGH</i>			
	<i>State Tracking #</i> <b>079679</b>		<i>Local Permit #</i> <b>14-20</b>			
	<i>Date</i> <b>DECEMBER 16, 2014</b>		<i>Date</i> <b>DECEMBER 16, 2014</b>			
			<i>Name of Agent</i> <b>PAUL J. BERRY</b>			
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>					
<b>CONFIRMATION</b>	<i>Place of Disposition (Facility Name and Address)</i>		<i>Signature</i>  <i>X</i>			
	<i>Disposition Type</i>		<i>Date of Disposition</i>			
			<i>Name of Superintendent or Authorized Designee:</i>			

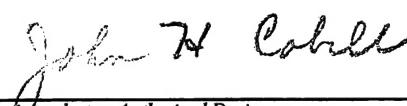
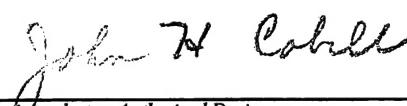
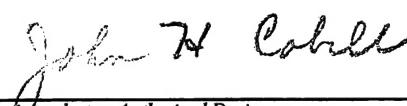
#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60324

 0000014476 Form R-309 07/01/2014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 079679</b> RECEIVED TOWN CLERK'S OFFICE						
		Information necessary for the Certificate of Death has been completed for: <b>HART, MURIEL BULLARD</b> <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b> <b>DECEMBER 13, 2014</b> <b>JANUARY 01, 1923</b> <b>SEX FEMALE</b> <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b> <i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>—</b> <i>Date entered (most recent)</i> <b>—</b> <i>Date Discharged (most recent)</i> <b>—</b> <i>Service Number (most recent)</i> <b>—</b>								
<b>DECEDENT</b>	<b>Certifier JOHN G KRIKORIAN, MD</b> <b>Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b> <i>Immediate Cause of Death</i> <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>			<b>Lic # 36428</b>						
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>										
<b>DISPOSITION</b>	<b>Funeral Licensee/Designee NANCY G MORRIS</b> <b>Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b> <i>Disposition Type</i> <b>CREMATION</b> <i>Place/Address</i> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>			<b>Lic # 50277</b>						
				<b>Date of Disposition DECEMBER 16, 2014</b>						
<b>Endorsements</b>										
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b> <b>State Tracking # 079679</b> <b>Date DECEMBER 16, 2014</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b> <b>Local Permit # 14-20</b> <b>Date DECEMBER 16, 2014</b> <b>Name of Agent PAUL J. BERRY</b>							
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b> <table border="1"> <tr> <td><i>Place of Disposition (Facility Name and Address)</i>   <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b> </td> <td><i>Signature</i>     <i>X</i> </td> </tr> <tr> <td><i>Disposition Type</i> <b>CREMATION</b></td> <td><i>Date of Disposition</i> <b>DEC 16 2014</b></td> </tr> <tr> <td colspan="2"><i>Name of Superintendent or Authorized Designee:</i>   <b>John H. Cobell</b> </td> </tr> </table>				<i>Place of Disposition (Facility Name and Address)</i>  <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>	<i>Signature</i>   <i>X</i>	<i>Disposition Type</i> <b>CREMATION</b>	<i>Date of Disposition</i> <b>DEC 16 2014</b>	<i>Name of Superintendent or Authorized Designee:</i>  <b>John H. Cobell</b>	
	<i>Place of Disposition (Facility Name and Address)</i>  <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>	<i>Signature</i>   <i>X</i>								
<i>Disposition Type</i> <b>CREMATION</b>	<i>Date of Disposition</i> <b>DEC 16 2014</b>									
<i>Name of Superintendent or Authorized Designee:</i>  <b>John H. Cobell</b>										

*Cremation  
Acceptance of Permit*

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60324

 0000014476 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 079679</b> <div style="text-align: right;">RECEIVED 2015 JAN 6 P 249</div>
<b>Information necessary for the Certificate of Death has been completed for:</b>				
<b>DECEDENT</b>	<b>Decedent Name</b> <b>HART, MURIEL BULLARD</b> <b>Place of Death</b> <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b> <b>Date of Death</b> <b>DECEMBER 13, 2014</b> <b>Residence</b> <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	<b>Date of Birth</b> <b>JANUARY 01, 1923</b> <b>Sex</b> <b>FEMALE</b>	<i>2015 JAN 6 P 249</i>	
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> <b>NO</b> <i>Branch of military (most recent)</i> <b>—</b> <i>Date entered (most recent)</i> <b>—</b>	<i>Rank/organization/outfit (most recent)</i> <b>—</b> <i>Date Discharged (most recent)</i> <b>—</b> <i>Service Number (most recent)</i> <b>—</b>		
<b>CERTIFIER</b>	<b>Certifier</b> <b>JOHN G KRIKORIAN, MD</b> <i>Addr.</i> <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>	<i>Lic #</i> <b>36428</b>		
	<i>Immediate Cause of Death</i> <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>			
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
<b>DISPOSITION</b>	<i>Funeral Licensee/Designee</i> <b>NANCY G MORRIS</b> <i>Facility</i> <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>			<i>Lic #</i> <b>50277</b>
	<i>Disposition Type</i> <b>CREMATION</b> <i>Place/Address</i> <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	<i>Date of Disposition</i> <b>DECEMBER 16, 2014</b>		
<b>Endorsements</b>				
<b>PERMIT</b>	<i>Registry of Vital Records and Statistics</i> <b>State Tracking #</b> <b>079679</b> <b>Date</b> <b>DECEMBER 16, 2014</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b> <i>Local Permit #</i> <b>14-20</b> <i>Date</i> <b>DECEMBER 16, 2014</b> <i>Name of Agent</i> <b>PAUL J. BERRY</b>	
	<i>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</i>			
	<i>Place of Disposition (Facility Name and Address)</i> <b>Rural Cemetery Southborough, MA 01772 Sec. 1-C, Lot 11, Gry#1B</b>		<i>Signature</i> 	
<b>CONFIRMATION</b>	<i>Disposition Type</i> <b>Burial of cremated remains</b>	<i>Date of Disposition</i> <b>January 3, 2015</b>	<i>Name of Superintendent or Authorized Designee:</i> <b>Bridget A. Gilleney-DeCenzo</b>	

**Acceptance of Permit**

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